Case 19-30491-KRH Doc 22 Filed 10/17/19 Entered 10/17/19 19:47:58 Desc Main

| | | | Document | Page 1 of 21 | | |
|---------------------------------------|---|--|--|---|--|--|
| Fill in | this info | rmation to identify your | case and this filing: | | | |
| Debto | or 1 | Mary Beth Alexar | der | | | |
| | | First Name | Middle Name | Last Name | | |
| Debto | | First Name | Middle Nove | Last Name | | |
| (Spous | e, if filing) | First Name | Middle Name | Last Name | | |
| Unite | d States E | Bankruptcy Court for the: | EASTERN DISTRICT OF VIRO | SINIA | | |
| Case | number | 19-30491 | | | | |
| Casc | Hamber | 19-30491 | | | | Check if this is an amended filing |
| | | | | | | amended ming |
| ~ | | 4004/5 | | | | |
| Otti | <u>cıal F</u> | orm 106A/B | | | | |
| Scl | hedu | le A/B: Prop | erty | | | 12/15 |
| think it inform Answe Part 1 | t fits best. ation. If more every qu | Be as complete and accura ore space is needed, attach estion. be Each Residence, Building | e items. List an asset only once. I te as possible. If two married peol a separate sheet to this form. On the control of the c | ole are filing together, both are the top of any additional page Dwn or Have an Interest In | e equally responsible for s | supplying correct |
| 1. Do : | you own o | r have any legal or equitable | interest in any residence, buildin | g, land, or similar property? | | |
| I | No. Go to P | art 2. | | | | |
| | res. Where | e is the property? | | | | |
| | | | | | | |
| Part 2 | Describ | e Your Vehicles | | | | |
| - are 2 | . Doconia | or roal volliolog | | | | |
| | | | itable interest in any vehicles | | | vehicles you own that |
| somed | one eise d | irives. If you lease a venici | e, also report it on Schedule G: | Executory Contracts and Or | iexpirea Leases. | |
| 3. Ca | rs, vans, | trucks, tractors, sport ut | ility vehicles, motorcycles | | | |
| | No | | | | | |
| ■、 | | | | | | |
| _ | 165 | | | | | |
| 3.1 | Make: | Chrysler | Who has an interest in | the property? Check and | Do not deduct secured | claims or exemptions. Put |
| 5.1 | Model: | 200 | | the property: Check one | | red claims on Schedule D: aims Secured by Property. |
| | Year: | 2016 | ■ Debtor 1 only □ Debtor 2 only | | | |
| | | | Debtor 1 and Debtor 2 | 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other info | | At least one of the de | btors and another | | |
| | Debtor that vel to avoid | functions nominally. advised by mechanic hicle requires new mo d random engine cut o | | munity property | \$0.00 | \$0.00 |
| | | travel. Vehicle is ered unsafe to drive. | | | | |
| | CONSIG | ered unsale to unive. | | | | |
| | | | . | | | |
| | | | TVs and other recreational velonal watercraft, fishing vessels, | | | |
| | • | | | • | | |
| 1 | | | | | | |
| | Yes | | | | | |
| | | | | | | |
| - 4 | | | (| form Dark O. In also the same | | |
| | | | ou own for all of your entries Write that number here | | | \$0.00 |
| | J , | | | | | |
| Part 3 | Describ | e Your Personal and House | ehold Items | | | |
| Do yo | ou own o | r have any legal or equita | able interest in any of the follo | wing items? | | Current value of the |
| | | | | | | portion you own? |

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| Debtor 1 | Mary Beth Alexander | Boodinone | - ago 2 oi | Case number (if | known) _ | 19-30491 |
|---------------|---|--|---|---|------------|---|
| | | | | | | Do not deduct secured claims or exemptions. |
| Examp ☐ No | nold goods and furnishings les: Major appliances, furniture, lin Describe | ens, china, kitchenware | | | | |
| | of Personal Various Ass Table w/4 Ch Assorted To | r Knick-Knack, 1 Couch an Memorabila, 1 Corner Shel orted Cookware, Flatware, nairs, 1 Cabinet, 1 Hutch, 1 iletries, 1 Shower Curtain, Bed, 1 Chest of Drawers, 2 etal Chairs. | If With 10 Knio , and Tablewa 5 Assorted Li 7 Knick-Knac | ck-Knacks, re, 1 Kitchen nens, Various ks, 2 Rugs, 1 | | \$800.00 |
| □ No | nics les: Televisions and radios; audio, including cell phones, camera Describe | | ment; computers | s, printers, scanners; ı | nusic coll | ections; electronic devices |
| | | Mobile Phone, 2 TVs, 1 Mi n, 1 Curler, 1 Curling Iron, | | an Opener, 1 | | \$400.00 |
| Examp ■ No | ibles of value les: Antiques and figurines; paintin other collections, memorabilia Describe | | ks, pictures, or o | ther art objects; stam | p, coin, o | baseball card collections; |
| Examp. No | nent for sports and hobbies les: Sports, photographic, exercise musical instruments Describe | e, and other hobby equipment; b | icycles, pool tab | les, golf clubs, skis; c | anoes an | d kayaks; carpentry tools; |
| ■ No | ms ples: Pistols, rifles, shotguns, amn Describe | nunition, and related equipment | | | | |
| □ No | es ples: Everyday clothes, furs, leather Describe | er coats, designer wear, shoes, | accessories | | | |
| | Women's Wa | ardobe | | | | \$200.00 |
| □ No | ry ples: Everyday jewelry, costume je Describe | ewelry, engagement rings, wedd | ling rings, heirloc | om jewelry, watches, q | gems, gol | d, silver |
| | Citizen Water | h | | | | \$75.00 |
| | 30 Pieces of | Costume Jewelry | | | | \$15.00 |
| | | | | | | |

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

Case 19-30491-KRH Doc 22 Filed 10/17/19 Entered 10/17/19 19:47:58 Desc Main Page 3 of 21 Document Case number (if known) 19-30491 Debtor 1 Mary Beth Alexander Yes. Describe..... \$20.00 1 Mixed Cat 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,510.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... Wells Fargo [EXPENDED DURING CHAPTER \$0.00 Checking 13] **Bank of America** \$0.00 17.2. Savings 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No \square Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately.

Official Form 106A/B Schedule A/B: Property page 3

Institution name:

Type of account:

Case 19-30491-KRH Doc 22 Filed 10/17/19 Entered 10/17/19 19:47:58 Desc Main Page 4 of 21 Document Case number (if known) 19-30491 Debtor 1 Mary Beth Alexander 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

■ No

☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

☐ Yes. Give specific information..

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Page 5 of 21 Case number (if known) 19-30491 Debtor 1 **Mary Beth Alexander** 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$0.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$1,510.00 Part 4: Total financial assets, line 36 \$0.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$1,510.00 Copy personal property total \$1,510.00

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$1.510.00

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| Fill in this information to identify your case: | | | | | | | |
|---|------------------|--------------------|-------------|--|--|--|--|
| Debtor 1 | Mary Beth Alexar | nder | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT C | PF VIRGINIA | | | | |
| Case number | 19-30491 | | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Claim as E | xempt | | | | | | | |
|----|---|--------------------------------------|--------|---|------------------------------------|--|--|--|--|
| 1. | nich set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | | | |
| | ■ You are claiming state and federal nonban | kruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | | | | | |
| | ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | | | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | | |
| | 2016 Chrysler 200 77000 miles | \$0.00 | | \$6,000.00 | Va. Code Ann. § 34-26(8) | | | | |
| | Vehicle functions nominally. Debtor advised by mechanic that vehicle requires new motor to avoid random engine cut offs during travel. Vehicle is considered unsafe to drive. Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | 1 Resin Bear Knick-Knack, 1 Couch and Loveaseat, 4 Containers of | \$800.00 | | \$800.00 | Va. Code Ann. § 34-26(4a) | | | | |
| | Personal Memorabila, 1 Corner Shelf With 10 Knick-Knacks, Various Assorted Cookware, Flatware, and Tableware, 1 Kitchen Table w/4 Chairs, 1 Cabinet, 1 Hutch, 15 Assorted Linens, Various Assor Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | 1 Charger, 1 Mobile Phone, 2 TVs, 1 Microwave, 1 Can Opener, 1 Toaster | \$400.00 | | \$400.00 | Va. Code Ann. § 34-26(4a) | | | | |
| | Oven, 1 Curler, 1 Curling Iron, 1 Hair Dryer. | | | 100% of fair market value, up to any applicable statutory limit | | | | | |

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| Del | otor 1 Mary Beth Alexander | | | Case number (if known) | 19-30491 | |
|-----|--|--------------------------------------|--------|---|------------------------------------|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| | Women's Wardobe Line from Schedule A/B: 11.1 | \$200.00 ■ | | \$200.00 | Va. Code Ann. § 34-26(4) | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Citizen Watch Line from Schedule A/B: 12.1 | \$75.00 | | \$75.00 | Va. Code Ann. § 34-4 | |
| | Life from Schedule Alb. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | 30 Pieces of Costume Jewelry Line from Schedule A/B: 12.2 | \$15.00 | | \$15.00 | Va. Code Ann. § 34-26(4) | |
| | Life from Schedule Alb. 12.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | 1 Mixed Cat Line from Schedule A/B: 13.1 | \$20.00 | | \$20.00 | Va. Code Ann. § 34-26(5) | |
| L | Ellie Holli Genedale A.B. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every 3 | | | led on or after the date of adjustmen | t.) | |
| | No | | | | | |
| | ☐ Yes. Did you acquire the property covere | ed by the exemption wi | thin 1 | ,215 days before you filed this case? | ? | |
| | □ No | | | | | |
| | ☐ Yes | | | | | |

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| Fill | in this information to identify your o | ase: | | | | | | | | |
|-------------|--|----------------------------|-------------------------|----------------|-------|------------|---------------|-------------|----------------------------------|----------|
| | otor 1 Mary Beth A | | | | _ | | | | | |
| | otor 2 | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | e: EASTERN DISTRICT | OF VIRGINIA | | _ | | | | | |
| Cas | se number 19-30491 | | | | | Chec | k if this is: | | | |
| (If kr | nown) | | _ | | | ■ A | n amende | d filing | | |
| _ | | | | | | | | | g postpetition ollowing date: | |
| 0 | fficial Form 106l | | | | | M | 1M / DD/ Y | YYY | | |
| S | chedule I: Your Inc | ome | | | | | | | | 12/1 |
| spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. t 1: Describe Employment | ur spouse is not filing w | ith you, do not include | e infori | matic | on about | your spo | ouse. If mo | ore space is | needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | or non-fi | ling spouse | |
| | If you have more than one job, | Empleyment status | Employed | | | | ☐ Emplo | oyed | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | ☐ Not employed | | | ☐ Not e | mployed | | |
| | employers. | Occupation | Not Employed | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed t | here? ~2 Montl | าร | | | _ | | | |
| Par | t 2: Give Details About Mo | nthly Income | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to rep | ort for | any I | ine, write | \$0 in the | space. Inc | clude your no | n-filing |
| - | u or your non-filing spouse have m e space, attach a separate sheet to | | ombine the information | for all e | emplo | yers for | that perso | n on the li | nes below. If | you need |
| | | | | | | For Dek | otor 1 | | btor 2 or ng spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | | 0.00 | \$ | N/A | - |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | - |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$ | | 0.00 | \$ | N/A | |

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| Deb | tor 1 | Mary Beth Alexander | _ | Case | number (if known) | 19-3049 | 1 | |
|-----|---|---|----------|-------|-------------------|----------|------------|------|
| | | | _ | | | | | |
| | | | | For | Debtor 1 | | otor 2 or | |
| | _ | | | | | | ng spouse | |
| | Cop | by line 4 here | 4. | \$_ | 0.00 | \$ | N/A | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$_ | 0.00 | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A | |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | N/A | |
| | 5h. | Other deductions. Specify: | 5h | + \$_ | 0.00 | + \$ | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 0.00 | \$ | N/A | |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross | | | | | | |
| | | receipts, ordinary and necessary business expenses, and the total | | | | | | |
| | | monthly net income. | 8a. | \$ | 0.00 | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive | | | | | | |
| | | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$_ | 0.00 | \$ | N/A | |
| | 8e. | Social Security | 8e. | \$_ | 0.00 | \$ | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | \$_ | 0.00 | \$ | N/A | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | N/A | |
| | 8h. | Other monthly income. Specify: | 8h | + \$_ | 0.00 | + \$ | N/A | |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N/A | |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. \$ | ; | 0.00 + \$ | N | I/A = \$ | 0.00 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | | |
| 11. | State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: | | | | | | | |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certallies | | | | a, if it | 12. \$ | 0.00 |
| | | | | | | | Combined | |
| 13. | Do : | you expect an increase or decrease within the year after you file this form No. | ? | | | | monthly in | come |
| | _ | Yes. Explain: | | | | | | |
| | _ | | | | | | | |

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| Fill | in this informa | tion to identify yo | our case: | | | | | | | |
|---------------------|--|---|-------------------------------------|---|---|-------------------|-------------|----------------|-------------------------------|-------|
| | tor 1 | | | | | Ch | eck if this | e ie: | | |
| DCD | 101 1 | Mary Beth A | lexalluel | | | - Ci | | ended filing | | |
| Deb | tor 2 | | | | | | | ŭ | ving postpetition char | otor |
| | ouse, if filing) | - | | | | Ц | | | the following date: | lei |
| Unite | ed States Bankr | uptcy Court for the | : EASTE | RN DISTRICT OF VIRGIN | IA | | MM / [| DD / YYYY | | |
| Case | e number 19 | 9-30491 | | | | | | | | |
| | nown) | 5-3049 1 | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | | |
| Sc | chedule | J: Your | Exper | ISAS | | | | | | 12/15 |
| Be a info nun | as complete a ormation. If m nber (if know | and accurate as ore space is ne n). Answer ever | possible eded, atta y questio | If two married people are ch another sheet to this t | | | | | | |
| Pari | Is this a joir | ibe Your House nt case? | enoia | | | | | | | |
| | ■ No. Go to | | in a separ | ate household? | | | | | | |
| | □N | 0 | • | al Form 106J-2, <i>Expen</i> ses | for Separate House | <i>hold</i> of De | ebtor 2. | | | |
| 2. | Do you have | e dependents? | ■ No | | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | De ag | pendent's e | Does dependent live with you? | |
| | Do not state | the | | | | | | | □ No | |
| | dependents | names. | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| 3. | Do vour ext | oenses include | _ | NI. | | | | | ☐ Yes | |
| O. | expenses of | f people other to d your depende | han $_{m \Box}$ | No Yes | | | | | | |
| Esti exp | imate your ex | | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | | | |
| the | | h assistance an | | government assistance it cluded it on <i>Schedule I:</i> Y | | - 1 | | Your expe | enses | |
| 4. | | or home owners | | ses for your residence. In | nclude first mortgage | 4. | \$ | | 0.00 | |
| | If not includ | led in line 4: | | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 0.00 | |
| | 4b. Prope | rty, homeowner's | s, or renter | 's insurance | | 4b. | \$ | | 0.00 | |
| | | | • | ipkeep expenses | | 4c. | : | | 0.00 | |
| _ | | owner's associat | | | | 4d. | | | 0.00 | |
| 5. | Additional r | πortgage payme | ents for yo | our residence , such as hor | ne equity loans | 5. | \$ | | 0.00 | |

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| Debtor 1 | Mary Beth Alexander | Case num | ber (if known) | 19-30491 |
|-------------------|---|------------|----------------|-------------------------------|
| 6. Utili t | ties: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 0.00 |
| 6b. | Water, sewer, garbage collection | 6b. | \$ | 0.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 0.00 |
| 6d. | Other. Specify: | 6d. | · | 0.00 |
| | d and housekeeping supplies | — 7. | · | 0.00 |
| | dcare and children's education costs | 8. | \$ | 0.00 |
| | | 9. | • | |
| | hing, laundry, and dry cleaning | | | 0.00 |
| | onal care products and services | 10. | · | 0.00 |
| | ical and dental expenses | 11. | \$ | 0.00 |
| | sportation. Include gas, maintenance, bus or train fare. | 12. | ¢ | 0.00 |
| | ot include car payments. | | · | |
| | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | · | 0.00 |
| | ritable contributions and religious donations | 14. | \$ | 0.00 |
| . Insu | | | | |
| | ot include insurance deducted from your pay or included in lines 4 or 20. | | • | |
| | Life insurance | 15a. | · | 0.00 |
| | Health insurance | 15b. | · | 0.00 |
| | Vehicle insurance | 15c. | | 0.00 |
| 15d. | Other insurance. Specify: | 15d. | \$ | 0.00 |
| . Taxe | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| | cify: Amortized Personal Property Tax | 16. | \$ | 15.33 |
| Spec | Amortized Tax Prep | | \$ | 33.33 |
| | Projected Payments on Owed 2018 Federal Taxes | | \$ | 38.56 |
| | Projected Payments on Owed 2018 State Taxes | | \$ | 4.16 |
| | allment or lease payments: | | | 4.10 |
| | Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | | | · | |
| | Other. Specify: | 17c. | · | 0.00 |
| | Other. Specify: | 17d. | \$ | 0.00 |
| | payments of alimony, maintenance, and support that you did not report as | | ¢. | 0.00 |
| | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | · | |
| | er payments you make to support others who do not live with you. | | \$ | 0.00 |
| Spec | • | 19. | | |
| | er real property expenses not included in lines 4 or 5 of this form or on Scho | | | |
| | Mortgages on other property | 20a. | | 0.00 |
| 20b. | Real estate taxes | 20b. | \$ | 0.00 |
| | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| . Othe | er: Specify: | 21. | +\$ | 0.00 |
| 5 | -1 7 | | Ţ | 0.00 |
| . Calc | ulate your monthly expenses | | | |
| 22a. | Add lines 4 through 21. | | \$ | 91.38 |
| 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 91.38 |
| 220. | The line 224 and 225. The result is your monthly expenses. | | | 91.30 |
| . Calc | ulate your monthly net income. | | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 0.00 |
| | Copy your monthly expenses from line 22c above. | 23b. | · | 91.38 |
| _00. | | | | 31.00 |
| 23c. | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | \$ | -91.38 |
| For e modif | | r mortgage | | ease or decrease because of a |
| ■ Y | es. Explain here: Debtor has deferred dental and vision expen | ses. | | |

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| Fill in this info | rmation to identify your | case: | | |
|---------------------|---------------------------|--------------------|-------------|--|
| Debtor 1 | | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | EASTERN DISTRICT C | PF VIRGINIA | |
| Case number | 19-30491 | | | |
| (if known) | 10 00701 | | | Check if this is an amended filing |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| | Sign Below | | |
|----|---|--|--|
| Di | d you pay or agree to pay someone who is NOT | Γ an attorney to help you fill out bar | nkruptcy forms? |
| - | No | | |
| | Yes. Name of person | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| | der penalty of perjury, I declare that I have read at they are true and correct. | I the summary and schedules filed | with this declaration and |
| X | /s/ Mary Beth Alexander | X | |
| | Mary Beth Alexander Signature of Debtor 1 | Signature of De | ebtor 2 |
| | Date October 17, 2019 | Date | |

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| | mation to identify your | | | |
|---------------------------------|--|----------------------|---|---|
| Debtor 1 | Mary Beth Alexar | Middle Name | Last Name | |
| Debtor 2 | . not riamo | illiaalo Hallio | 2001.10.110 | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | inkruptcy Court for the: | EASTERN DISTR | RICT OF VIRGINIA | |
| Case number | 19-30491 | | | |
| (if known) | | | | Check if this is an amended filing |
| Official Fo | | n for Indiv | viduals Filing Under Chapte | er 7 12/15 |
| | ividual filing under cha e claims secured by yo | - | Il out this form if: | |
| _ | sed personal property a | | ot expired | |
| You must file this | s form with the court we ever is earlier, unless th | ithin 30 days after | you file your bankruptcy petition or by the date se e time for cause. You must also send copies to the | |
| | eople are filing together | n a joint case, bo | oth are equally responsible for supplying correct in | formation. Both debtors must |
| | and accurate as possib our name and case nur | | s needed, attach a separate sheet to this form. On | the top of any additional pages, |
| Part 1: List Yo | our Creditors Who Have | e Secured Claims | | |
| 1. For any credite | | art 1 of Schedule D | : Creditors Who Have Claims Secured by Property | (Official Form 106D), fill in the |
| | editor and the property t | hat is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| | | | | |
| Creditor's S | antander Consumer | USA | Surrender the property. | □ No |
| name: | | | ☐ Retain the property and redeem it. | |
| Description of | 2016 Chryslar 200 | 77000 miles: | Retain the property and enter into a | Yes |
| property | 2016 Chrysler 200 29,408.00, Arrears | · · | Reaffirmation Agreement. Retain the property and [explain]: | |
| securing debt: | | , , | Tretain the property and [explain]. | |
| | | | | |
| | our Unexpired Persona | | in Schedule G: Executory Contracts and Unexpire | d Leases (Official Form 106G) fill |
| in the informatio | n below. Do not list rea | ıl estate leases. Ur | nexpired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p)(| e lease period has not yet ended. |
| Describe your u | nexpired personal pro | perty leases | | Will the lease be assumed? |
| Lessor's name: | | | | □ No |
| Description of lea | ased | | | □ 140 |
| Property: | | | | ☐ Yes |
| Lessor's name: | and. | | | □ No |
| Description of lea Property: | ascu | | | ☐ Yes |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 Mary Beth Alexander | Case number (if known) 19-30491 |
|--|---|
| | |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased | L No |
| Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | |
| r toperty. | ☐ Yes |
| Part 3: Sign Below | |
| Under penalty of perjury, I declare that I have indicated my intention about any p property that is subject to an unexpired lease. | roperty of my estate that secures a debt and any personal |
| X /s/ Mary Beth Alexander X | |
| Mary Beth Alexander Signature of Debtor 1 | ture of Debtor 2 |
| Date October 17, 2019 Date | |

Case 19-30491-KRH Doc 22 Filed 10/17/19 Entered 10/17/19 19:47:58 Desc Main Document Page 15 of 21 United States Bankruptcy Court

Eastern District of Virginia

| In re | Mary Beth Alexander | Case No. | 19-30491 | |
|-------|---------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

| | DISCLOSURE OF COM | PENSATION OF ATTOR | NEY FOR DEBT | OR - AMENDED | |
|----|---|--|---|--|--------|
| 1. | Pursuant to 11 U.S.C. § 329(a) and Ban compensation paid to me, for services ren bankruptcy case is as follows: | | | | |
| | For legal services, I have agreed to accept | | \$ | 725.00 | |
| | Prior to the filing of this statement I have i | | | 725.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | \$25.00 of the filing fee has been paid | | | | |
| 3. | The source of the compensation paid to me | was: | | | |
| | ☐ Debtor ☐ Other (specify) | Mark Glovier Debtor's Si | gnificant Other | | |
| 4. | The source of compensation to be paid to m | ne is: | | | |
| | ■ Debtor □ Other (specify) | | | | |
| 5. | ■ I have not agreed to share the above-dis | sclosed compensation with any other | nerson unless they are me | mhers and associates of my law | firm |
| ٠. | — Thave not agreed to shale the above-dis | sciosed compensation with any other | person unless they are me | moets and associates of my law | 111111 |
| | ☐ I have agreed to share the above-disclost copy of the agreement, together with a | | | | A |
| 6. | | on, and rendering advice to the debtor chedules, statement of affairs and plan | r in determining whether in which may be required; iring, and any adjourned h | o file a petition in bankruptcy; earings thereof; | |
| | counseling agency for preper (2) Preparation and filing of a (3) Representation of the deb (4) Amend any list, schedule, | Ill locally required forms; | | - | e |
| | (6) Motions, such as motions (7) Advise the debtor with res agreements if in the best inte signed by the debtor; | avoid liens on exempt property for abandonment, or proceeding spect to any reaffirmation agreement of the debtor; and attend a | ngs to clear title to rea ement; negotiate, prep | are and file reaffirmation | |
| | (11) Compile and forward to t | | s trustee any docume | | |
| | | ation of completion of instructio | nal course concernin | g financial management | |
| | | and fee arrangement regarding | the potential retentio | n of co-counsel. | |

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7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Notwithstanding any agreement to the contrary, representation of the Debtor in any dischargeability action, adversary proceedings, or heavily litigated matters that are not listed in Paragraph 6 above.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

| October 17, 2019 | /s/ Andrew Chen |
|------------------|--------------------------------|
| Date | Andrew Chen |
| | Signature of Attorney |
| | UpRight Law PLLC |
| | Name of Law Firm |
| | 6802 Paragon Place |
| | Suite 410 |
| | Richmond, VA 23230 |
| | 804-608-9717 Fax: 804-977-1820 |

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$5,296 (For all Cases Filed on or after 01/01/2019)

NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

PROOF OF SERVICE

| 11100101 | |
|---|---|
| The undersigned hereby certifies that on this date the foregoing and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the C mail). | g Notice was served upon the debtor(s), the standing Chapter 13 trustee Clerk's CM/ECF Policy 9, either electronically or in paper form (first class |
| Date | Signature of Attorney |

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| Fill i | n this information to identify your case: | | | Che | eck one bo | conly as c | lirected in this form and | in Form |
|-----------------|---|---|-------------------|--------------------------------------|------------------------------|----------------------------|---|---------------------------------|
| Deb | tor 1 Mary Beth Alexander | | | 122 | 2A-1Supp: | | | |
| | tor 2 | | | • | 1. There | is no pres | umption of abuse | |
| Unit | ed States Bankruptcy Court for the: Eastern District of | of Virginia | | [| applie | es will be r | to determine if a presun made under <i>Chapter 7 I</i> | |
| Case (if knd | e number 19-30491 | | | | _ | , | icial Form 122A-2). does not apply now be | cause of |
| | | | | | qualif | ied militar | y service but it could ap | ply later. |
| | | | | | ■ Check | if this is a | in amended filing | |
| Off | <u> icial Form 122A - 1</u> | | | | | | | |
| Ch | apter 7 Statement of Your Cu | rrent l | Mor | nthly Inc | ome | | | 10/19 |
| attacl case | complete and accurate as possible. If two married people has eparate sheet to this form. Include the line number to number (if known). If you believe that you are exempted friging military service, complete and file Statement of Exempted 1: Calculate Your Current Monthly Income | which the a om a presur | dditior nption | nal information a of abuse becaus | pplies. On t se you do n | he top of a ot have pri | ny additional pages, writ marily consumer debts o | e your name and r because of |
| 1. | What is your marital and filing status? Check one of | only. | | | | | | |
| | ■ Not married. Fill out Column A, lines 2-11. | | | | | | | |
| | \square Married and your spouse is filing with you. Fill α | out both Co | lumns | A and B, lines | 2-11. | | | |
| | ☐ Married and your spouse is NOT filing with you | . You and | your s | spouse are: | | | | |
| | ☐ Living in the same household and are not leg | gally separ | ated. | Fill out both Col | lumns A an | d B, lines | 2-11. | |
| | ☐ Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evac | legally sep | arated | d under nonban | kruptcy law | that appli | es or that you and your | |
| 10 th | ill in the average monthly income that you received from a D1(10A). For example, if you are filing on September 15, the 6-e 6 months, add the income for all 6 months and divide the tot bouses own the same rental property, put the income from that | month period al by 6. Fill in | would the re | be March 1 throusult. Do not include | igh August 3 le any incom | 1. If the amo | ount of your monthly incompore than once. For examp | e varied during le, if both |
| | | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, overtime payroll deductions). | , and com | missio | ons (before all | \$ 4 | 607.50 | \$ | |
| 3. | Alimony and maintenance payments. Do not includ Column B is filled in. | e payments | s from | a spouse if | \$ | 0.00 | \$ | |
| 4. | All amounts from any source which are regularly of you or your dependents, including child suppoint from an unmarried partner, members of your househout and roommates. Include regular contributions from a stilled in. Do not include payments you listed on line 3. | rt. Include rold, your dep spouse only | egular bende | contributions nts, parents, | \$ | 0.00 | \$ | |
| 5. | Net income from operating a business, profession | , or farm | | | | | | |
| | | | | otor 1 | | | | |
| | Gross receipts (before all deductions) | · <u> </u> | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | · — | 0.00 | Comu horo | Φ | 0.00 | ¢ | |
| | Net monthly income from a business, profession, or fa | arm \$ | 0.00 | Copy here -> | Φ | 0.00 | \$ | |
| 6. | Net income from rental and other real property | | Dah | otor 1 | | | | |
| | Cross receipts (hefers all deductions) | \$ | 0.00 | | | | | |
| | Gross receipts (before all deductions) | · <u> </u> | 0.00 | | | | | |
| | Ordinary and necessary operating expenses Net monthly income from rental or other real property | · <u> </u> | | Copy here -> | \$ | 0.00 | \$ | |
| 1 | rest monthly income from fortial of other real property | Ψ | _ | | • | | · | |

Official Form 122A-1

0.00

7. Interest, dividends, and royalties

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Mary Beth Alexander 19-30491 Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For your spouse 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 Total amounts from separate pages, if any. 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 4,607.50 4.607.50 \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 4,607.50 Multiply by 12 (the number of months in a year) **x** 12 55.290.00 12b. The result is your annual income for this part of the form 12h. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. ۷A 1 Fill in the number of people in your household. 60,389.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. 14a. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Mary Beth Alexander Mary Beth Alexander Signature of Debtor 1

Official Form 122A-1

Date **October 17, 2019**

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Debtor 1 Mary Beth Alexander Case number (if known) 19-30491

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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Debtor 1 Mary Beth Alexander Case number (if known) 19-30491

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2018 to 12/31/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Bank Statements DEBTOR UNEMPLOYED NOW

Income by Month:

| 6 Months Ago: | 07/2018 | \$4,300.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 08/2018 | \$5,564.00 |
| 4 Months Ago: | 09/2018 | \$4,678.99 |
| 3 Months Ago: | 10/2018 | \$4,766.00 |
| 2 Months Ago: | 11/2018 | \$4,031.00 |
| Last Month: | 12/2018 | \$4,305.00 |
| | Average per month: | \$4,607.50 |

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United States Bankruptcy Court Eastern District of Virginia

| In re | Mary Beth Alexander | | | Case No. 19-30491 | | |
|----------|---------------------------|--|--------|-----------------------------|-----------------|----------------------------------|
| | | Ι | Debtor | r(s) | Chapter | 7 |
| | | | | | | |
| | | AMENDMENT | COV | ER SHEET | | |
| Amend | ment(s | to the following petition, list(s), schedule(s) or state | | | herewith: | |
| | | Involuntary/Voluntary Petition [Specify reason for | | | | |
| | | Check if applicable: Soc. Sec. No. amended. [| | | nal, signed (| Official Form 121 was |
| | | mailed/hand-delivered to the Clerk's office on | | | , 0 | |
| | | Summary of Your Assets and Liabilities (and Cer | | | tion - Individ | luals Only) |
| | | Declaration (Individuals - Form 106Dec) (Non-Ir | | | | • |
| | √ | Schedule A/B – Property | | | | |
| | ✓ ✓ □ | Schedule C – The Property You Claim as Exemp | t | | | |
| | | Schedule D – Creditors Who Hold Claims Secure | d by | Property (See LBI | R 1009-1) | |
| | | Schedule E/F – Creditors Who Have Unsecured C | | | | |
| | | Schedule E/F Creditors Who Have Unsecured Cla | | | | |
| | | (\$31.00 fee required if adding or deleting pre-pe | etitio | n creditors, chang | ing amounts | owed or classification of |
| | | debt.) Check applicable statement(s): | | | | |
| | | | | itor(s) deleted | | |
| | | Change in amounts owed or classificati | | | | |
| | | No pre-petition creditors added/deleted | | | classificatio | n of debt changed. [Docket: |
| | | Amended Schedule(s) and/or Statement | | | | |
| | | Post-petition creditors added (Schedule | | | dula of Umn | oid Dobts |
| | | REMINDER: Conversion of Chapter 13 to Ch Schedule G – Executory Contracts and Unexpired | | | edule of Onp | dalu Debis. |
| | \forall | Schedule H – Codebtors | ı Lea | SCS | | |
| | ✓ | Schedule I – Your Income | | | | |
| | V | Schedule J – Your Expenses | | | | |
| | ₩. | Schodic V Tour Expenses | | | | |
| [NOTE | : The | form "NOTICE TO CREDITOR(S) (RE AMEND | MEN | NT)" is still requi | red when ad | ding or deleting creditors. |
| *Amen | dment | of debtor(s) Social Security Number requires tha | t this | cover sheet toget | ther with a c | ompleted Official Form 121 – |
| | | out Your Social Security Numbers be electronical | | ed or submitted t | o the Clerk' | s Office for "restricted" |
| entry o | | mended Social Security Number into the case reco | ord.] | | | |
| | 5 | Statement of Financial Affairs | | | | |
| | 5 | Statement of Intention for Individuals Filing Under C | hapte | r 7 | | |
| | | Chapter 11 List of Equity Security Holders | _ | | | |
| | | Chapter 11: The List of Creditors Who Have the 20 L | arges | t Unsecured Claim | ns Against Y | ou Who Are Not Insiders |
| ✓ | | Attorney's Disclosure of Compensation | arges | t Chiscourca Claim | is riguilist r | ou vino ino ivot insidois |
| W | | • | | | | |
| | (| Other: | | | | |
| | | NOTICE OF AMENDMENT | | | | |
| | | deral Rule of Bankruptcy Procedure 1009(a) and Loc | | | | |
| | | checked above has been given this date to the United | l Stat | es Trustee, the trus | stee in this ca | ase, and to any and all entities |
| | | amendment. | | | | |
| Date: | Octol | per 17, 2019 | ٠. | | | |
| | | /s/ Andrew 0 | | | | |
| | | Andrew Che | | () | 1 | |
| | | • | | or(s) [or <i>Pro Se</i> D | ebtor(s)] | |
| | | State Bar No | | 79562 VA | 1.0 | |
| | | Mailing Add | ress: | | | |
| | | | | 6802 Paragon P Suite 410 | iace | |
| | | | | Richmond, VA 2 | 23230 | |
| | | Telephone N | lo.• | 804-608-9717 | | |
| | | | | | | |